



PART B - FEE(S) TRANSMITTAL

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22429 7590 02/26/2007

LOWE HAUPTMAN BERNER, LLP
1700 DIAGONAL ROAD
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Ayesha Wilson (Depositor's name)
[Signature] (Signature)
May 23, 2007 (Date)

05/24/2007 HDEMESS2 00000040 10508835

01 FC:1501
02 FC:1504
03 FC:8001

1400.00 DP

300.00 DP

FILING DATE

APPLICATION NO.	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/508,835	Pedro Teixidor Casanovas	4760-001	8091

TITLE OF INVENTION: STACKING BOX FOR PERISHABLE PRODUCTS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	05/29/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
ELKINS, GARY B	3782	229-191000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. LOWE HAUPTMAN &2. BERNER

3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

VIDECART, S.A.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

VILLAVA, SPAIN

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

☒ Issue Fee☒ Publication Fee (No small entity discount permitted)☒ Advance Order - # of Copies 2

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☐ A check is enclosed.☒ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 07-1337 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature /BENJAMIN J. HAUPTMAN/Date May 23, 2007Typed or printed name Benjamin J. HauptmanRegistration No. 29, 310

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